

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10661004

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	70	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	70 minus 20 =	0
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL		OR TOTAL	770.00

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	8/24/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
				Minus	
Total	• 19	Minus	• 20		<input checked="" type="checkbox"/>
Independent	• 1	Minus	• 3		<input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	<input checked="" type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X43=	<input type="checkbox"/>	OR X86=	<input type="checkbox"/>
+145=	<input checked="" type="checkbox"/>	OR +290=	<input type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	8/30/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
				Minus	
Total	• 19	Minus	• 20		<input type="checkbox"/>
Independent	• 1	Minus	• 3		<input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

RATE		ADDITIONAL FEE	
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X43=	<input type="checkbox"/>	OR X86=	<input type="checkbox"/>
+145=	<input type="checkbox"/>	OR +290=	<input type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	7/5/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
				Minus	
Total	• 18	Minus	• 20		<input type="checkbox"/>
Independent	• 1	Minus	• 3		<input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

RATE		ADDITIONAL FEE	
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X43=	<input type="checkbox"/>	OR X86=	<input type="checkbox"/>
+145=	<input type="checkbox"/>	OR +290=	<input type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.